

# Foster Family Home - Corrective Action Report

Provider ID: 1-210023

Home Name: Georgette Damo, NA

1312 Naulu Place

Honolulu

HI 96818

Review ID: 1-210023-1

Reviewer: David Ayling

Begin Date: 3/11/2021

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2 bed certification.

David A Ayling RV  
Compliance Manager

Georgette Damo  
Primary Care Giver

3/11/2021  
Date

3/11/2021

Date